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7590 09/07/2007				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)									
							(Signature)						
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							APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	AT	FORNEY DOCKET NO.	CONFIRMATION NO.
				10/696,917	10/29/2003		Wallace T. Van Winkle		H0005096	8221			
TITLE OF INVENTION	: CARGO SMOKE DE	TECTOR AND RELATE	D METHOD FOR REDUC	LING FALSE DETECT	5								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	TOTAL FEE(S) DUE	DATE DUE							
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/07/2007							
EXAM	INER	ART UNIT	CLASS-SUBCLASS										
LIEU, JULIE BICHNGOC		2612	340-630000			SIA FISHER							
"Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	ondence address (or Cha 3/122) attached. ication (or "Fee Address 2 or more recent) attach	unge of Correspondence " Indication form ned. Use of a Customer	(1) the names of up to or agents OR, alternativ (2) the name of a singl registered attorney or a 2 registered patent atto listed, no name will be	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 & LORENZ 2									
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Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛚 Corpor	ation or other private gro	oup entity Government							
	lo small entity discount p	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502091 (enclose an extra copy of this form).										
	s SMALL ENTITY statu	•	☐ b. Applicant is no long	ger claiming SMALL E	NTITY status. See 37 C	FR 1.27(g)(2).							
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Authorized Signature	/PAUL D. AM	ROZOWICZ/		Date Decemb	er 3, 2007								
	Paul D. Am			Registration No									
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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

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